

Case Number:	CM14-0003775		
Date Assigned:	02/03/2014	Date of Injury:	07/09/2012
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 25-year-old male who has submitted a claim for closed fracture of the astragalus associated with an industrial injury date of July 9, 2012. The patient complains of left ankle pain rated 6/10 with an increased stabbing sensation into the left foot. Physical examination of the left ankle showed limitation of motion and tenderness over the lateral and medial aspects. Diagnoses include left ankle lateral dome osteochondral lesion, left ankle achilles tendinosis/partial longitudinal tear and left ankle posterior tibial tenosynovitis. A functional capacity evaluation was done on December 9, 2013. The patient is temporarily partially disabled. Treatment to date has included oral and topical analgesics, muscle relaxants, heel cups and ankle brace, home exercise program, chiropractic therapy and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ONE FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139

Decision rationale: According to pages 132-139 of the ACOEM Guidelines referenced by CA MTUS, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, the medical records failed to discuss plans to facilitate the patient's return to work or if there were prior unsuccessful return to work attempts. There is also no indication that the patient is close to maximum medical improvement regarding left ankle complaints. Furthermore, there was no discussion regarding the indication for the requested FCE. Therefore, the request for a functional capacity evaluation is not medically necessary.